

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/568098

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2		1			
4	1					
5	1		1			
6	1					
7	1		1			
8	1					
9	1					
10	1		1			
11	1		1			
12	1		1			
13	1					
14						
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20	1		1			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	22	←	9	←		←
TOTAL CLAIMS	23	■	11	■		■

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS		■		■		■